

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) STATINTL [redacted]	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 26 June 1953														
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Termination of Contract</b>		6. EFFECTIVE DATE A. PROPOSED: <b>30 June 1953</b>	7. C. S. OR OTHER LEGAL AUTHORITY														
B. POSITION (Specify whether establish, change grade or title, etc.) <b>Expert - Machine Indexing Project</b>		B. APPROVED:															
8. TEMPORARY EXPERT <b>9. \$30. per day</b> STATINTL 10. [redacted]	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	TO— 14. FIELD OR DEPARTMENTAL	15. FIELD 16. DEPARTMENTAL														
A. REMARKS (Use reverse if necessary)  <b>Machine Indexing Project terminates on 30 June 1953.</b>																	
B. REQUESTED BY (Name and title) <b>W. L. Pool, Management Officer</b>		D. REQUEST APPROVED BY Signature: Title: <b>E. H. Saunders, Comptroller</b>															
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		14. POSITION CLASSIFICATION ACTION															
13. VETERAN PREFERENCE <table border="1"><tr><td>NONE</td><td>WWII</td><td>OTHER</td><td>5-PT.</td><td>10-POINT</td></tr><tr><td></td><td></td><td></td><td></td><td>DISAB. OTHER</td></tr></table>		NONE	WWII	OTHER	5-PT.	10-POINT					DISAB. OTHER	<table border="1"><tr><td>NEW</td><td>VICE</td><td>I. A.</td><td>REAL.</td></tr></table>		NEW	VICE	I. A.	REAL.
NONE	WWII	OTHER	5-PT.	10-POINT													
				DISAB. OTHER													
NEW	VICE	I. A.	REAL.														
15. SEX 16. RACE	17. APPROPRIATION FROM: TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)														
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																	
21. STANDARD FORM 50 REMARKS																	
22. CLEARANCES		INITIAL OR SIGNATURE	DATE														
A.																	
B. CEIL. OR POS. CONTROL																	
C. CLASSIFICATION																	
D. PLACEMENT OR EMPL.																	
E.																	
F. APPROVED BY																	

I RESIGN FOR THE FOLLOWING REASON:

DATE \_\_\_\_\_

MY LAST WORKING DAY WILL BE \_\_\_\_\_

(SIGNATURE)

#### 24. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET)

(CITY)

(ZONE)

(STATE)

#### BRIEF DESCRIPTION OF DUTIES

#### QUALIFICATIONS

##### EDUCATION

Essential:

(If pertinent)

AGE RANGE \_\_\_\_\_ SEX \_\_\_\_\_

Desired:

ESSENTIAL QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)

DESIRED QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)